

APR 23 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11198

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400 4235
(b) Township Prayer Primary Registration District No. 55533
(c) City Lees Summit (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. James White Brown St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29-1878
7. AGE YEARS 61 MONTHS 6 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. City Marshal
9. Industry or business in which work was done, as saw mill, bank, etc. City
10. Date deceased last worked at this occupation (month and year) 3-31-40 11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Mo.

13. NAME Phillip McQuire Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

15. MAIDEN NAME Rebecca C. Allen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Mo.

17. INFORMANT Mrs. Fred Williams (ADDRESS) Lees Summit Mo.

18. BURIAL, CREMATION, OR REMOVAL Lees Summit PLACE Lees Summit DATE 4-2-40

19. FUNERAL DIRECTOR (NAME) N. B. Longest (ADDRESS) Lees Summit Mo.

20. FILED 3/31 1940 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31 1940

22. I HEREBY CERTIFY, That I attended deceased from 3-31 1940 to 3-31 1940

I last saw him alive on 3-31 1940 Death is said to have occurred on the date stated above, at 11 A.M.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion Date of onset 3-31-40

Other contributory causes of importance: 9413

Name of operation _____ Date of _____

What test confirmed diagnosis? Findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) J. H. Houghton (Address) Lees Summit Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed..... *H. B. Langford*

Licensed Embalmer No. *3833*

P. O. Address *Lees Summit, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.